

General Delivery  
Moose Factory  
POL 1W0

Dr. Jean-Yves Gosselin  
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7 January 1993

Dear Dr. Gosselin,

Thanks for discussing the psychological sequelae of environmental sensitivities. As reported in the Ashford-Miller report, which won a Macedo Award from the World Health Organization, there are psychological sequelae, as other medical literature over the past century indicates.

As indicated to Mr. Alex Saunders, Dr. Susan Abbey, and others, on many occasions over the past few years, there are three consequent issues.

1. Intolerant attitudes in psychiatric health care, even physical and coercive emotional abuse by some physicians, has contributed to the profound alienation of persons with sensitivities from psychiatrists when, as with the general population, some persons with sensitivities might benefit greatly from non-abusive psychiatric assistance.
2. Psychiatrists familiar with sensitivities could help those patients whose problems are caused or exacerbated by sensitivities.
3. As Health and Welfare and others have pointed out, psychiatric illness and environmental sensitivities are symptom based and sometimes have similar manifestations. Several studies, dating back over the past century, have recommended checking for environmental sensitivities before embarking on those psychiatric interventions which could have a detrimental effect on members of this group. Many other studies have at the very least implied that the group is at risk. As screening is not being done, extremely serious abuse is almost certainly taking place on an ongoing basis, and has been taking place during decades of protest.

When there is evidence that psychiatrists are inadvertently hurting patients by not screening for sensitivities, it would seem the responsible thing

to do would be to err on the side of safety. Just as psychiatrists would not dream of prescribing Antabuse (sp?) without checking for liver dysfunction, patients with ambiguous symptoms should be checked for sensitivities before embarking on treatments that could cause them harm.

As indicated in previous correspondence, there seems to be a reluctance on the part of medical associations to enter into discussion when their members are abusing patients by telling them that their sickness is the fact that they think they have sensitivities. We have repeatedly asked, in vain, that several physicians' organizations help bring an end to abuse by their members.

Several persons with sensitivities who have been abused by doctors and others have suffered extensive damages. Some of them have been driven to suicide. The probability that illogical, unscientific, and consequently abusive doctors, such as psychiatrist Donna Stewart, have had good intentions is little consolation to their families, or to the rest of us. One suicide has been linked directly to abuses based on Stewart's 1985 article in the CMA Journal, which uses supposition, ridicule, and hyperbole to make its points, rather than logical argument.

Stewart's problem is not her assertion that some persons with sensitivities may somatize, but her irresponsible castigation of the group as a whole on the basis of her non-existent experience in the field.

As yet she remains unaccountable for both her irresponsible actions and their consequences. So far, the Canadian Psychiatric Association has been an apologist for her unprofessional, unscientific, and damaging work.

The failure of medical leadership to assist in bringing an end to the abuse is reminiscent of the toleration of other instances of abuse in residential schools and elsewhere. Many authorities feel that the tolerance of abuse by persons in positions of responsibility can be more damaging than the original abuse. Unfortunately, for years, persons and organizations with responsibility or influence, including the Canadian Psychiatric Association, have knowingly

tolerated a situation leaving persons with sensitivities at risk of serious disabling treatment and psychosocial and financial damages at the hands of their members.

It seems that we have been abused by the very authorities who are in a position to help us, and that such authorities are unwilling to adopt a position respecting our rights, as this would necessarily involve an acknowledgement of the horror of what continues to be done, and be an admission of their own ongoing and well-documented knowledge and tolerance of the abuse.

So far the CPA has been in a "denial" stage with respect to its members' inappropriate behaviour. I sense that, in a constructive environment, you could encourage some healing. As George Thomson and a panel of five doctors reported to the Ontario government in 1985, that would be preferable to the route increasingly being taken in the United States and more recently in Canada, which is through the courts.

Sincerely,

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cc Canadian Human Rights Commission  
Secretariat for Disabled Persons, Department of the Secretary of State  
Canadian Mental Health Association  
Canadian Organization of Provincial Organizations of the Handicapped,  
(COPOH)  
Canadian Environmental Law Association  
Ontario Human Rights Commission  
Ontario Chief Coroner  
People United for Self Help (PUSH)